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CONFIRMATION NO. 5178

<b>SERIAL NUMBER</b> 10/658,449	<b>FILING OR 371(c) DATE</b> 09/09/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 10002-701.407
<b>APPLICANTS</b> Mark A. Reiley, Piedmont, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/615,727 07/09/2003 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091 which claims benefit of 60/160,891 10/22/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/02/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 27
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 12458				
<b>TITLE</b> FACET ARTHROPLASTY DEVICES AND METHODS				
<b>FILING FEE RECEIVED</b> 738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	